

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10232357
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		ADMITTED AMENDMENT		ADMITTED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8						
9		4				
10	1					
11		1				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	12	12	12	12	12	12
TOTAL CLAIMS	14	14	14	14	14	14

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						